

EOHHS Technical Specifications Manual (1.3)
Appendix A-14

Subsection 4:
MassHealth Identifier Crosswalk
Data Dictionary

MassHealth Identifier Crosswalk Data Dictionary

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***Note:** *The data elements contained in the MassHealth Identifier Crosswalk data file are required to supplement the Pneumonia (PN) and Surgical Infection Prevention (SIP) measures only.*

Data Element Name: *Birthdate*

Collected For: All MassHealth Records

Definition: The month, day, and year the patient was born.

NOTE: Patient's age (in years) is calculated by *Admission Date* minus *Birthdate*. The algorithm to calculate age must use the month and day portion of admission date and birthdate to yield the most accurate age.

Suggested Data Collection Question: Birthdate

Format: **Length:** 10 – MM-DD-YYYY (includes dashes)
 Type: Date
 Occurs: 1

Allowable Values: MM = Month (01-12)
 DD = Day (01-31)
 YYYY = Year (1880 – 9999)

Notes for Abstraction: Because this data element is critical in determining the population for all measures, the abstractor should **not** assume that the claim information for the birthdate is correct. If the abstractor determines through chart review that the date is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct birthdate through chart review, she/he should default to the date of birth on the claim information.

Suggested Data Sources: Emergency department record
 Face sheet
 Registration form

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Case Identifier*

Collected For: All MassHealth Records

Definition: A measurement system-generated number that uniquely identifies an episode of care. This identification number should be used by the performance measurement system in order to allow the health care organization to link this Case Identifier to a specific episode of care.

Suggested Data Collection Question: What is the unique measurement system-generated number that identifies this episode of care?

Format:

Length:	9
Type:	Numeric
Occurs:	1

Allowable Values: Values greater than 0 assigned by the system.

Notes for Abstraction: None

Suggested Data Sources: Unique measurement system generated number

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *DHCFP Ethnicity*

Collected For: All MassHealth Records

Definition: Documentation of the patient's ethnicity as defined by Massachusetts DHCFP regulations.

Suggested Data

Collection Question: Ethnicity code

Format: **Length:** 6
Type: Alphanumeric
Occurs: 1

Allowable Values: Select one:

2060-2	African	2039-6	Japanese
2058-6	African American	2040-4	Korean
AMERCN	American	2041-2	Laotian
2028-9	Asian	2148-5	Mexican, Mexican American, Chicano
2029-7	Asian Indian	2118-8	Middle Eastern
BRAZIL	Brazilian	PORTUG	Portuguese
2033-9	Cambodian	2180-8	Puerto Rican
CVERDN	Cape Verdean	RUSSIA	Russian
CARIBI	Caribbean Island	2161-8	Salvadoran
2034-7	Chinese	2047-9	Vietnamese
2169-1	Columbian	2155-0	Central American (not specified)
2182-4	Cuban	2165-9	South American (not specified)
2184-0	Dominican	OTHER	Other Ethnicity
EASTEU	Eastern European	UNKNOW	Unknown/not specified
2108-9	European		
2036-2	Filipino		
2157-6	Guatemalan		
2071-9	Haitian		
2158-4	Honduran		

Notes for Abstraction: The data elements, *Hispanic Ethnicity* and *DHCFP Race* are required in addition to this data element. If numeric code is used, include the hyphen after the fourth number.

Suggested Data Sources: Emergency department record
Face sheet
History and physical
Nursing admission assessment
Progress notes

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name:	<i>DHCFP Race</i>		
Collected For:	All MassHealth Records		
Definition:	Documentation of the patient’s race as defined by the Massachusetts DHCFP regulations.		
Suggested Data Collection Question:	Race code		
Format:	Length:	6	
	Type:	Alphanumeric	
	Occurs:	1	
Allowable Values:	Select one:		
	R1	American Indian or Alaska Native:	
	R2	Asian:	
	R3	Black / African American:	
	R4	Native Hawaiian or other Pacific Islander:	
	R5	White.	
	R9	Other Race:	
	UNKNOWN	Unknown/not specified:	
Notes for Abstraction:	The data elements, <i>DHCFP Ethnicity</i> and <i>Hispanic Ethnicity</i> , are required in addition to this data element.		
Suggested Data Sources:	Emergency department records Face sheet History and physical Nursing admission assessment Progress notes		

Guidelines for Abstraction:

Inclusion	Exclusion
<ul style="list-style-type: none"> • American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliations or community attachment, e.g. any recognized tribal entity in North and South America (including Central America), Native American. • Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. • Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro, can be used in addition to “Black or African American”. • Native Hawaiian or Other Pacific Islander: A person having origins in any of the other original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. • White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa, e.g., Caucasian, Iranian, White. • Other Race: A person having an origin other than what has been listed above. • Unknown: Unable to determine the patient’s race or not stated (e.g., not documented, conflicting documentation or patient unwilling to provide). 	<p>None</p>

Data Element Name: *DHCFP Payer Source*

Collected For: All MassHealth Records

Definition: Source of payment for services provided to the patient as defined by the Massachusetts DHCFP regulations.

Suggested Data Collection Question: What is the Medicaid Payer Source?

Format: **Length:** 3
 Type: Alphanumeric
 Occurs: 1

Allowable Values: 103 Medicaid (includes MassHealth)
 104 Medicaid Managed Care - Primary Care Clinician (PCC) Plan

Notes for Abstraction: None

Suggested Data Sources: Face sheet

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Hispanic Ethnicity (DHCFP)*

Collected For: All MassHealth Records

Definition: Documentation that the patient is of Hispanic Indicator as defined by Massachusetts DHCFP regulations.

Suggested Data Collection Question: Hispanic Ethnicity

Format: **Length:** 1
 Type: Alpha
 Occurs: 1

Allowable Values: Y (Yes) Patient is Hispanic/Latino/Spanish.
 N (No) Patient is not of Hispanic/Latino/Spanish.

Notes for Abstraction: The data elements, *DHCFP Race* and *DHCFP Ethnicity* data are required in addition to this data element.

Suggested Data Sources: Emergency department records
 Face sheet
 History and physical
 Nursing admission assessment
 Progress notes

Guidelines for Abstraction:

Inclusion	Exclusion
The term “Hispanic” or “Latino” can be used in addition to “Spanish origin” to include a person of Cuban, Puerto Rican, Mexican, Central or South American, or other Spanish culture or origin regardless of race.	None

Data Element Name: *Hospital Bill Number (DHCFP)*

Collected For: All MassHealth Records

Definition: The unique number assigned to each patient's bill that distinguishes the patient and their bill from all others in that institution as defined by Massachusetts DHCFP.

Newborns must have their own billing number separate from that of their mother.

Suggested Data Collection Question: Hospital Bill Number

Format: **Length:** 20
 Type: Alphanumeric
 Occurs: 1

Allowable Values: Values greater than 0 assigned by the system.

Notes for Abstraction: None

Suggested Data Sources: Face sheet

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Hospital Patient ID Number*

Collected For: All MassHealth Records

Definition: The identification number used by the Hospital to identify this patient's medical record (Medical Record Number).

Suggested Data Collection Question: Hospital Patient ID (Medical Record)

Format: **Length:** 40
 Type: Alphanumeric
 Occurs: 1

Allowable Values: Up to 40 letters and / or numbers

Notes for Abstraction: None

Suggested Data Sources: Face sheet

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *RID Number*

Collected For: All MassHealth Records

Definition: The patient's MassHealth Recipient ID number.

Suggested Data Collection Question: What is the patient's MassHealth Recipient ID number?

Format:

Length: 10
Type: Alphanumeric
Occurs: 1

Allowable Values: Any valid Recipient Identification Number (RID) number
 Alpha characters must be upper case
 No embedded dashes or spaces or special characters

Notes for Abstraction: The abstractor should **not** assume that the claim information for the patient's RID number is correct. If the abstractor determines through chart review that the RID number is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct RID number through chart review, she/he should default to the admission date on the claim information.

Suggested Data Sources: Emergency department record
 Face sheet

Guidelines for Abstraction:

Inclusion	Exclusion
None	None

Data Element Name: *Social Security Number*

Collected For: All MassHealth Records

Definition: Social Security Number (SSN) assigned to the patient.

Suggested Data Collection Question: What is the patient's Social Security Number?

Format:

Length: 9 (no dashes)

Type: Alphanumeric

Occurs: 1

Allowable Values:

Any valid SSN number

Alpha characters must be upper case

No embedded dashes or spaces or special characters

Notes for Abstraction: The abstractor should **not** assume that the claim information for the social security number is correct. If the abstractor determines through chart review that the social security number is incorrect, she/he should correct and override the downloaded value. If the abstractor is unable to determine the correct social security number through chart review, she/he should default to the social security on the claim information.

Suggested Data Sources:

Emergency department record

Face sheet

Registration form

Guidelines for Abstraction:

Inclusion	Exclusion
None	None